

Los Angeles County Sheriff's Department

Officer Involved Shooting

Page 1 of 5

Report Date: 03/30/16		Bureau/Station/Facility: Special Enforcement Bureau		Admin. Invest? <input type="checkbox"/> Hit? <input checked="" type="checkbox"/>	
Incident Information					
URN: 016-04651-0287-013		Date: 03/30/16		Time: 1525	
City or Station: East Los Angeles		Nature of Incident: SEB deputies responded to an armed barricaded suspect at the location. The suspect exited the residence with a black semi-auto hand gun and was shot by one SEB deputy.			
Location: [REDACTED] Northside Drive, ELA 90022					
Location Type (check one or more): <input checked="" type="checkbox"/> Backyard <input type="checkbox"/> Beach <input type="checkbox"/> Business <input type="checkbox"/> Freeway <input type="checkbox"/> Industrial <input type="checkbox"/> Park <input type="checkbox"/> Parking Lot <input checked="" type="checkbox"/> Residence <input type="checkbox"/> Rural <input type="checkbox"/> School <input type="checkbox"/> Street Other:		Lighting (check only one): <input type="checkbox"/> Darkness <input checked="" type="checkbox"/> Daylight <input type="checkbox"/> Other <input type="checkbox"/> Street Lights Weather (circle only one): <input checked="" type="checkbox"/> Clear <input type="checkbox"/> Cloudy <input type="checkbox"/> Fog <input type="checkbox"/> Rain Distance: 15 yards		Incident Type (check one or more): <input type="checkbox"/> Accidental <input checked="" type="checkbox"/> Armed Person <input type="checkbox"/> Fleeing Suspect <input type="checkbox"/> Foot Pursuit <input type="checkbox"/> Gun Take Away <input type="checkbox"/> Moving Vehicle <input type="checkbox"/> Sniper/Ambush <input type="checkbox"/> Staircase <input type="checkbox"/> Struggle Involved <input type="checkbox"/> Traffic Stop <input type="checkbox"/> Unarmed Person <input type="checkbox"/> Unintentional <input type="checkbox"/> Vehicle Pursuit <input type="checkbox"/> Warrant Service <input type="checkbox"/> Warning Shot Other:	
Initiated by (check only one): <input type="checkbox"/> Arrest Warrant <input type="checkbox"/> Call <input type="checkbox"/> Observation <input type="checkbox"/> One Person Unit <input type="checkbox"/> Other <input checked="" type="checkbox"/> Search Warrant <input type="checkbox"/> Two Person Unit		Prior Activity (check only one): <input checked="" type="checkbox"/> Detective <input type="checkbox"/> Inmate Transport <input type="checkbox"/> Other <input type="checkbox"/> Routine Patrol		Aero Unit? <input checked="" type="checkbox"/> Canine Unit? <input checked="" type="checkbox"/>	
Total # of Shots Fired by Deputy: 4		Total # of Shots Fired by Suspect: 0			
Employee Witnesses					
Employee #	Last Name	First Name	M.I.	ShiftTime (check only one): <input type="checkbox"/> EM <input type="checkbox"/> PM <input checked="" type="checkbox"/> Day	ShiftType (check only one): <input checked="" type="checkbox"/> Regular <input type="checkbox"/> Overtime <input type="checkbox"/> Off Duty
[REDACTED]	Diliberti	Richard	L		
Employee #	Last Name	First Name	M.I.	ShiftTime (check only one): <input type="checkbox"/> EM <input type="checkbox"/> PM <input checked="" type="checkbox"/> Day	ShiftType (check only one): <input type="checkbox"/> Regular <input checked="" type="checkbox"/> Overtime <input type="checkbox"/> Off Duty
[REDACTED]	Adragna	Nic	M		
Employee #	Last Name	First Name	M.I.	ShiftTime (check only one): <input type="checkbox"/> EM <input type="checkbox"/> PM <input checked="" type="checkbox"/> Day	ShiftType (check only one): <input checked="" type="checkbox"/> Regular <input type="checkbox"/> Overtime <input type="checkbox"/> Off Duty
[REDACTED]	Boucher	Russell			
Non-Employee Witnesses					
Last Name		First Name		M.I.	
[REDACTED]		[REDACTED]		[REDACTED]	
Street Address		City	Zip Code	Work Ph	Home Ph
[REDACTED]		[REDACTED]	[REDACTED]	N/A	N/A
Last Name		First Name		M.I.	
[REDACTED]		[REDACTED]		[REDACTED]	
Street Address		City	Zip Code	Work Ph	Home Ph
[REDACTED]		[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
Last Name		First Name		M.I.	
[REDACTED]		[REDACTED]		[REDACTED]	
Street Address		City	Zip Code	Work Ph	Home Ph
[REDACTED]		[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
Supervisors					
Employee #	Last Name	First Name	M.I.	(check one or more):	
[REDACTED]	Boucher	Russell		<input checked="" type="checkbox"/> On Duty <input checked="" type="checkbox"/> Witness to shooting <input checked="" type="checkbox"/> Present during shooting <input type="checkbox"/> Involved in shooting	
Employee #	Last Name	First Name	M.I.	(check one or more):	
[REDACTED]				<input type="checkbox"/> On Duty <input type="checkbox"/> Witness to shooting <input type="checkbox"/> Present during shooting <input type="checkbox"/> Involved in shooting	
Watch Sergeant					
Employee #	Last Name	First Name		M.I.	
[REDACTED]					
Watch Commander					
Employee #	Last Name	First Name		M.I.	
[REDACTED]	Chase	Bruce		D	

PSTD Use Only	
SH #	

Officer Involved Shooting Involved Employee Information

URN: 016-04651-0287-013

Page 3 of 5

Involved Employee									
E	Employee #	Last Name	Francois		First Name	Ervin		M.I.	
	Sex: M	Race: B	Rank: Deputy		Unit Assignment: SEB		Work Assignment (Unit #, Module, etc.):		
	ShiftTime (circle only one): <input type="checkbox"/> EM <input type="checkbox"/> PM <input checked="" type="checkbox"/> Day		ShiftType (circle only one): <input checked="" type="checkbox"/> Regular <input type="checkbox"/> Overtime <input type="checkbox"/> Off Duty		Intoxication/Drug Usage? <input type="checkbox"/>		Substance Used:		
	Hospital Admission? <input type="checkbox"/>		Hospital Name:		Coroner Case? <input type="checkbox"/>		Coroner Case #		Interviewed? <input checked="" type="checkbox"/>
	Hrs of sleep prior to shooting: 6		Duty Time (hrs):		Clothing (circle only one): <input type="checkbox"/> Plain Clothes no Vest <input type="checkbox"/> Plain Clothes w/ Vest <input type="checkbox"/> Raid Jacket no Vest <input checked="" type="checkbox"/> Raid Jacket w/ Vest		Other Factors: SEB full gear, gas mask		
	Age: 5-10		Height: 183		Weight:				
	Range Qualification Date:		PPC Qualification Date:		N/A		Laser Training Date: N/A		
	Certified with Weapon Used? <input type="checkbox"/>		Patrol Certification? <input type="checkbox"/>		Certification Unit:		Prior Shootings? <input type="checkbox"/>		Number of Prior Shootings: <input type="checkbox"/>
	Weapons Fired Brand: H&K MP-5		Caliber: 9		# Shots: 4		Weapons Fired Brand:		# Shots
	Field Training Officer Emp #		Last Name		First Name		M.I.		
	Field Training Officer Emp #		Last Name		First Name		M.I.		
E	Employee #	Last Name	First Name		M.I.				
	Sex:	Race:	Rank:		Unit Assignment:		Work Assignment (Unit #, Module, etc.):		
	ShiftTime (circle only one): <input type="checkbox"/> EM <input type="checkbox"/> PM <input type="checkbox"/> Day		ShiftType (circle only one): <input type="checkbox"/> Regular <input type="checkbox"/> Overtime <input type="checkbox"/> Off Duty		Intoxication/Drug Usage? <input type="checkbox"/>		Substance Used:		
	Hospital Admission? <input type="checkbox"/>		Hospital Name:		Coroner Case? <input type="checkbox"/>		Coroner Case #		Interviewed? <input type="checkbox"/>
	Hrs of sleep prior to shooting:		Duty Time (hrs):		Clothing (circle only one): <input type="checkbox"/> Plain Clothes no Vest <input type="checkbox"/> Plain Clothes w/ Vest <input type="checkbox"/> Raid Jacket no Vest <input type="checkbox"/> Raid Jacket w/ Vest		Other Factors:		
	Age:		Height:		Weight:				
	Range Qualification Date:		PPC Qualification Date:				Laser Training Date:		
	Certified with Weapon Used? <input type="checkbox"/>		Patrol Certification? <input type="checkbox"/>		Certification Unit:		Prior Shootings? <input type="checkbox"/>		Number of Prior Shootings: <input type="checkbox"/>
	Weapons Fired Brand:		Caliber		# Shots		Weapons Fired Brand:		# Shots
	Field Training Officer Emp #		Last Name		First Name		M.I.		
	Field Training Officer Emp #		Last Name		First Name		M.I.		
E	Employee #	Last Name	First Name		M.I.				
	Sex:	Race:	Rank:		Unit Assignment:		Work Assignment (Unit #, Module, etc.):		
	ShiftTime (circle only one): <input type="checkbox"/> EM <input type="checkbox"/> PM <input type="checkbox"/> Day		ShiftType (circle only one): <input type="checkbox"/> Regular <input type="checkbox"/> Overtime <input type="checkbox"/> Off Duty		Intoxication/Drug Usage? <input type="checkbox"/>		Substance Used:		
	Hospital Admission? <input type="checkbox"/>		Hospital Name:		Coroner Case? <input type="checkbox"/>		Coroner Case #		Interviewed? <input type="checkbox"/>
	Hrs of sleep prior to shooting:		Duty Time (hrs):		Clothing (circle only one): <input type="checkbox"/> Plain Clothes no Vest <input type="checkbox"/> Plain Clothes w/ Vest <input type="checkbox"/> Raid Jacket no Vest <input type="checkbox"/> Raid Jacket w/ Vest		Other Factors:		
	Age:		Height:		Weight:				
	Range Qualification Date:		PPC Qualification Date:				Laser Training Date:		
	Certified with Weapon Used? <input type="checkbox"/>		Patrol Certification? <input type="checkbox"/>		Certification Unit:		Prior Shootings? <input type="checkbox"/>		Number of Prior Shootings: <input type="checkbox"/>
	Weapons Fired Brand:		Caliber		# Shots		Weapons Fired Brand:		# Shots
	Field Training Officer Emp #		Last Name		First Name		M.I.		
	Field Training Officer Emp #		Last Name		First Name		M.I.		

Officer Involved Shooting Suspect Information

JRN: 016-04651-0287-013

Page 4 of 5

Suspect Information															
S 1	Last Name			Montion			First Name			Angel			M.I.		
	AKA Last Name						First Name						M.I.		
	Sex: M		Race: H		Street Address:			City:			State & Zip Code:				
	Work Phone: N/A			Home Phone: N/A			Social Security #:			Driver's License #:					
	Age: 33			D.O.B.: 02/27/83			Height: 5-6			Weight: 180			FBI #:		
	Booking #:			Primary Charge:			Secondary Charge:								
	Coroner Case? <input checked="" type="checkbox"/>			Coroner Case #: 2016-02492			Intoxication/Drug Usage? <input checked="" type="checkbox"/>			Substance Used: Alcohol					
	Armed? <input checked="" type="checkbox"/>			Apprehended? <input type="checkbox"/>			Mental Illness? <input type="checkbox"/>			Criminal History? <input type="checkbox"/>					
	Vehicle Make:			Model:			Year:			Parole: Yes			Probation:		
													Prior Felony Conviction: Yes		
S	Last Name						First Name						M.I.		
	AKA Last Name						First Name						M.I.		
	Sex:		Race:		Street Address:			City:			State & Zip Code:				
	Work Phone:			Home Phone:			Social Security #:			Driver's License #:					
	Age: D.O.B.			Height: Weight:			FBI #:			CII #:					
	Booking #:			Primary Charge:			Secondary Charge:								
	Coroner Case? <input type="checkbox"/>			Coroner Case #:			Intoxication/Drug Usage? <input type="checkbox"/>			Substance Used:					
	Armed? <input type="checkbox"/>			Apprehended? <input type="checkbox"/>			Mental Illness? <input type="checkbox"/>			Criminal History? <input type="checkbox"/>					
	Vehicle Make:			Model:			Year:			Parole:			Probation:		
													Prior Felony Conviction:		
S	Last Name						First Name						M.I.		
	AKA Last Name						First Name						M.I.		
	Sex:		Race:		Street Address:			City:			State & Zip Code:				
	Work Phone:			Home Phone:			Social Security #:			Driver's License #:					
	Age: D.O.B.			Height: Weight:			FBI #:			CII #:					
	Booking #:			Primary Charge:			Secondary Charge:								
	Coroner Case? <input type="checkbox"/>			Coroner Case #:			Intoxication/Drug Usage? <input type="checkbox"/>			Substance Used:					
	Armed? <input type="checkbox"/>			Apprehended? <input type="checkbox"/>			Mental Illness? <input type="checkbox"/>			Criminal History? <input type="checkbox"/>					
	Vehicle Make:			Model:			Year:			Parole:			Probation:		
													Prior Felony Conviction:		
S	Last Name						First Name						M.I.		
	AKA Last Name						First Name						M.I.		
	Sex:		Race:		Street Address:			City:			State & Zip Code:				
	Work Phone:			Home Phone:			Social Security #:			Driver's License #:					
	Age: D.O.B.			Height: Weight:			FBI #:			CII #:					
	Booking #:			Primary Charge:			Secondary Charge:								
	Coroner Case? <input type="checkbox"/>			Coroner Case #:			Intoxication/Drug Usage? <input type="checkbox"/>			Substance Used:					
	Armed? <input type="checkbox"/>			Apprehended? <input type="checkbox"/>			Mental Illness? <input type="checkbox"/>			Criminal History? <input type="checkbox"/>					
	Vehicle Make:			Model:			Year:			Parole:			Probation:		
													Prior Felony Conviction:		

SUPPLEMENTAL EMPLOYEE WITNESSES

Los Angeles County Sheriff's Department

Page 5 of 5

Employee Witnesses				
Last Name	Hilgendorf	First Name	Kevin	M.I. K
Street Address	# [REDACTED] Deputy SEB	Zip Code	Work Ph 323-881-7800	Home Ph
Last Name	[REDACTED]	First Name	[REDACTED]	M.I. [REDACTED]
Street Address	# [REDACTED] [REDACTED]	Zip Code	Work Ph [REDACTED]	Home Ph [REDACTED]
Last Name		First Name		M.I.
Street Address		Zip Code	Work Ph	Home Ph
Last Name		First Name		M.I.
Street Address		Zip Code	Work Ph	Home Ph
Last Name		First Name		M.I.
Street Address		Zip Code	Work Ph	Home Ph
Last Name		First Name		M.I.
Street Address		Zip Code	Work Ph	Home Ph
Last Name		First Name		M.I.
Street Address		Zip Code	Work Ph	Home Ph
Last Name		First Name		M.I.
Street Address		Zip Code	Work Ph	Home Ph
Last Name		First Name		M.I.
Street Address		Zip Code	Work Ph	Home Ph
Last Name		First Name		M.I.
Street Address		Zip Code	Work Ph	Home Ph
Last Name		First Name		M.I.
Street Address		Zip Code	Work Ph	Home Ph
Last Name		First Name		M.I.
Street Address		Zip Code	Work Ph	Home Ph
Last Name		First Name		M.I.
Street Address		Zip Code	Work Ph	Home Ph
Last Name		First Name		M.I.
Street Address		Zip Code	Work Ph	Home Ph
Last Name		First Name		M.I.
Street Address		Zip Code	Work Ph	Home Ph